

## Application for a club premises certificate to be granted under the Licensing Act 2003

### PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

.....club applies for a club premises certificate  
(Insert name of club)

**under section 71 of the Licensing Act 2003 for the premises described in Part 1 below (the club premises) The club is making this application to you as the relevant licensing authority in accordance with section 68 of the Licensing Act 2003**

#### Part A1 – Club premises details

|   |                  |
|---|------------------|
| <b>Name of club</b>   |                  |
| <b>Postal address of premises or, if none, ordnance survey map reference or description</b> |                  |
| <b>Post town</b>  | <b>Post code</b> |

Telephone number at premises (if any)

Email address (optional)

|   |                 |
|---|-----------------|
| <b>Name of person performing duties of a secretary to the club</b>    |                 |
| <b>Address of person performing duties of a secretary to the club</b> |                 |
| <b>Post town</b>  | <b>Postcode</b> |

|   |   |
|---|---|
| Telephone number at premises (if any)   |   |
| Email address (optional)                |   |
| Non-domestic rateable value of premises | £ |

Are the club premises occupied and habitually used by the club      Yes       No

**Part 2 – Club Operating Schedule**

When do you want the club premises certificate to start?

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Day                  | Month                | Year                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you wish the certificate to be valid only for a limited period, when do you want it to end?

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Day                  | Month                | Year                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

General description of club (please read guidance note 1)

What qualifying club activities do you intend to conduct on from the club premises?

**Provision of regulated entertainment**

**Please tick yes**

- |  |                          |
|--|--------------------------|
| a) plays (if ticking yes, fill in box A)   | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)   | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)  | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)   | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)  | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)  | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)   | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/> |

**Provision of entertainment facilities for:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)                             | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)                                  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) | <input type="checkbox"/> |

(if ticking yes, fill in box K)

**The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club** (if ticking yes, fill in box L)

**The sale by retail of alcohol by or on behalf of a club to a guest of a member of the club for consumption on the premises where the sale takes place** (if ticking yes, fill in box L)

**In all cases complete boxes M, N and O**

**A**

|  |       |        |   |  |
|--|-------|--------|---|--|
| <b>Plays</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 2)  | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)  |  |
| Mon  |       |        |   |  |
|  |       |        | <b><u>State any seasonal variations for performing plays</u></b><br>(please read guidance note 4)   |  |
| Tue  |       |        |   |  |
|  |       |        | <b><u>Non Standard timings. Where you intend to use the premises for the performance of a plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |  |
| Wed  |       |        |   |  |
| Thurs  |       |        |   |  |
|  |       |        |   |  |
| Fri  |       |        |   |  |
|  |       |        |   |  |
| Sat  |       |        |   |  |
|  |       |        |   |  |
| Sun  |       |        |   |  |
|  |       |        |   |  |

**B**

|  |       |        |  |  |
|--|-------|--------|--|--|
| <b>Films</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 2)   | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |  |
| Mon  |       |        |  |  |
|  |       |        | <b><u>State any seasonal variations for the exhibition of films</u></b><br>(please read guidance note 4)   |  |
| Tue  |       |        |  |  |
|  |       |        | <b><u>Non Standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |  |
| Wed  |       |        |  |  |
| Thurs  |       |        |  |  |
|  |       |        |  |  |
| Fri  |       |        |  |  |
|  |       |        |  |  |
| Sat  |       |        |  |  |
|  |       |        |  |  |
| Sun  |       |        |  |  |
|  |       |        |  |  |

**C**

|   |       |        |  |
|---|-------|--------|--|
| <b>Indoor Sporting Events</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)   |
| Day   | Start | Finish | <b><u>State any seasonal variations for the exhibition of films</u></b><br>(please read guidance note 4)   |
| Mon   |       |        |  |
| Tue   |       |        |  |
| Wed   |       |        |  |
| Thurs   |       |        |  |
| Fri   |       |        |  |
| Sat   |       |        |  |
| Sun   |       |        |  |
|   |       |        |  |
|   |       |        |  |
|   |       |        | <b><u>Non Standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |

**D**

|  |  |  |   |                                   |
|--|--|--|---|-----------------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings |  |  | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2) | Indoors <input type="checkbox"/>  |
|  |  |  |   | Outdoors <input type="checkbox"/> |
|  |  |  |   | Both <input type="checkbox"/>     |
| Mon  |  |  | <b><u>Please give further details here</u></b> (please read guidance note 3)  |                                   |
| Tue  |  |  | <b><u>State any seasonal variations for boxing or wrestling entertainment</u></b><br>(please read guidance note 4)                          |                                   |
| Wed  |  |  |   |                                   |
| Thurs  |  |  |   |                                   |
| Fri  |  |  |   |                                   |
| Sat  |  |  |   |                                   |
| Sun  |  |  |   |                                   |
|  |  |  |   |                                   |
|  |  |  |   |                                   |
|  |  |  |   |                                   |
|  |  |  |   |                                   |

## E

|   |       |        |  |                             |  |
|---|-------|--------|--|-----------------------------|--|
| <b>Live Music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)  | Indoors<br>Outdoors<br>Both | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |                             |  |
| Mon   |       |        |  |                             |  |
| Tue   |       |        |  |                             |  |
| Wed   |       |        |  |                             |  |
| Thurs   |       |        |  |                             |  |
| Fri   |       |        |  |                             |  |
| Sat   |       |        |  |                             |  |
| Sun   |       |        |  |                             |  |
|   |       |        |  |                             |  |
|   |       |        |  |                             |  |
|   |       |        | <b><u>State any seasonal variations for the performance of live music</u></b><br>(please read guidance note 4)   |                             |  |
|   |       |        | <b><u>Non Standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |                             |  |

## F

|   |       |        |  |                             |  |
|---|-------|--------|--|-----------------------------|--|
| <b>Recorded music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)  | Indoors<br>Outdoors<br>Both | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |                             |  |
| Mon   |       |        |  |                             |  |
| Tue   |       |        |  |                             |  |
| Wed   |       |        |  |                             |  |
| Thurs   |       |        |  |                             |  |
| Fri   |       |        |  |                             |  |
| Sat   |       |        |  |                             |  |
| Sun   |       |        |  |                             |  |
|   |       |        |  |                             |  |
|   |       |        |  |                             |  |
|   |       |        | <b><u>State any seasonal variations for the playing of recorded music</u></b><br>(please read guidance note 4)   |                             |  |
|   |       |        | <b><u>Non Standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |                             |  |

## G

|   |  |  |   |  |
|---|--|--|---|--|
| <b>Performances of dance</b><br>Standard days and timings<br>(please read guidance not 6) |  |  | <b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b><br>(please read guidance not 2)  | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Mon   |  |  | <b><u>Please give further details here</u></b> (please read guidance note 3)  |  |
|   |  |  |   |  |
| Tue   |  |  |   |  |
| Wed   |  |  | <b><u>State any seasonal variations for performance of dance</u></b><br>(please read guidance note 4)   |  |
|   |  |  |   |  |
| Thurs   |  |  |   |  |
| Fri   |  |  | <b><u>Non Standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |  |
| Sat   |  |  |   |  |
| Sun   |  |  |   |  |
|   |  |  |   |  |

## H

|  |       |        |   |  |
|--|-------|--------|---|--|
| <b>Anything of a similar description to that falling within (e), (f) of (g)</b><br>Standard days and timings<br>(please read guidance not 6) |       |        | <b><u>Please give a description of the type of entertainment you will be providing</u></b>  |  |
| Day  | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b><br>(please read guidance not 2)  | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Mon  |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)  |  |
|  |       |        |   |  |
| Tue  |       |        |   |  |
| Wed  |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)   |  |
|  |       |        |   |  |
| Thurs  |       |        |   |  |
| Fri  |       |        |   |  |
| Sat  |       |        | <b><u>Non standard timings. Where you intend to use the premises for entertainment of similar description to that falling within E, F or G at different times to those listed in the column on the left, please list</u></b><br>(please read guidance note 5) |  |
| Sun  |       |        |   |  |
|  |       |        |   |  |

I

|  |       |        |   |                             |  |
|--|-------|--------|---|-----------------------------|--|
| <b>Provision of facilities for making music</b><br>Standard days and timings<br>(please read guidance not 6) |       |        | <b><u>Please give a description of the facilities for making music you will be providing</u></b>  |                             |  |
|  |       |        | <b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance not 2)  | Indoors<br>Outdoors<br>Both | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)  |                             |  |
| Mon  |       |        |   |                             |  |
|  |       |        |   |                             |  |
| Tue  |       |        |   |                             |  |
|  |       |        |   |                             |  |
| Wed  |       |        | <b><u>State any seasonal variations for the provision of facilities for making music</u></b><br>(please read guidance note 4)   |                             |  |
|  |       |        |   |                             |  |
| Thurs  |       |        |   |                             |  |
|  |       |        |   |                             |  |
| Fri  |       |        |   |                             |  |
|  |       |        | <b><u>Non Standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |                             |  |
| Sat  |       |        |   |                             |  |
|  |       |        |   |                             |  |
| Sun  |       |        |   |                             |  |
|  |       |        |   |                             |  |

J

|   |       |        |  |  |                             |  |
|---|-------|--------|--|--|-----------------------------|--|
| <b>Provision of facilities for dancing</b><br>Standard days and timings<br>(please read guidance not 6) |       |        | <b><u>Will the facilities for dancing take place indoors or outdoors or both – please tick</u></b><br>(please read guidance not 2)   |  | Indoors<br>Outdoors<br>Both | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|   |       |        | <b><u>Please give a description of the facilities for dancing you will be providing</u></b>  |  |                             |  |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |  |                             |  |
| Mon   |       |        |  |  |                             |  |
|   |       |        |  |  |                             |  |
| Tue   |       |        |  |  |                             |  |
|   |       |        |  |  |                             |  |
| Wed   |       |        | <b><u>State any seasonal variations for providing dancing facilities</u></b><br>(please read guidance note 4)  |  |                             |  |
|   |       |        |  |  |                             |  |
| Thurs   |       |        |  |  |                             |  |
|   |       |        |  |  |                             |  |
| Fri   |       |        |  |  |                             |  |
|   |       |        | <b><u>Non Standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |  |                             |  |
| Sat   |       |        |  |  |                             |  |
|   |       |        |  |  |                             |  |
| Sun   |       |        |  |  |                             |  |
|   |       |        |  |  |                             |  |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**K**

|  |       |        |  |  |  |
|--|-------|--------|--|--|--|
| <b>Provision of facilities for entertainment of a similar description to that falling within I or j</b><br>Standard days and timings<br>(please read guidance not 6) |       |        | <b><u>Please give a description of the type of entertainment facility you will be providing</u></b>  |  |  |
|  |       |        | <b><u>Will the entertainment facility take place indoors or outdoors or both – please tick</u></b><br>(please read guidance not 2)   |  | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |  |  |
| Mon  |       |        |  |  |  |
|  |       |        |  |  |  |
| Tue  |       |        |  |  |  |
|  |       |        |  |  |  |
| Wed  |       |        | <b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or j</u></b> (please read guidance note 4) |  |  |
|  |       |        |  |  |  |
| Thurs  |       |        |  |  |  |
|  |       |        |  |  |  |
| Fri  |       |        |  |  |  |
|  |       |        |  |  |  |
| Sat  |       |        |  |  |  |
|  |       |        |  |  |  |
| Sun  |       |        |  |  |  |
|  |       |        |  |  |  |

**L**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance not 6) |  |  | <b><u>Will the supply of alcohol be for consumption– (please tick box)</u></b> (please read guidance note 7) |  | On premises <input type="checkbox"/><br>Off premises <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Mon   |  |  | <b><u>State any seasonal variations for the supply of alcohol</u></b><br>(please read guidance note 4)       |  |  |
|   |  |  |  |  |  |
| Tue   |  |  |  |  |  |
|   |  |  |  |  |  |
| Wed   |  |  |  |  |  |
|   |  |  |  |  |  |
| Thurs   |  |  |  |  |  |
|   |  |  |  |  |  |
| Fri   |  |  |  |  |  |
|   |  |  |  |  |  |
| Sat   |  |  |  |  |  |
|   |  |  |  |  |  |
| Sun   |  |  |  |  |  |
|   |  |  |  |  |  |



O

Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e)** (please read guidance note 9)

**b) The prevention of crime and disorder**

**c) Public safety**

**d) The prevention of public nuisance**

**e) The protection of children from harm**

**CHECKLIST:-**

**Please tick yes**

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected.

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 3 – Signatures** (please read guidance note 10)

**I (*insert full name*) ..... make this application on behalf of the club and have authority to bind the club**

Signature.....

Date.....

Capacity.....

|  |                  |
|--|------------------|
| <b>Address for correspondence associated with this application</b><br>(please read guidance note 11) |                  |
| <b>Post town</b>   | <b>Post code</b> |
| <b>Telephone number (if any)</b>   |                  |
| <b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>        |                  |

## Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. Please state type of activity to be authorised, if not already stated, and give relevant further details, for example (but exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If the club wishes members and their guests to be able to purchase alcohol to consume away from the premises please tick off. If the club wishes people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. This is the address which we shall use to correspond with the club about this application.